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SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

SAN FRANCISCO, CALIFORNIA 94143

September 11, 1985

Harold Varmus, M.D.
Department of Microbiology and Immunology
University of California, San Francisco 94143

Dear Harold,

I am replying to your letter of August 12th regarding the naming of the AIDS virus. As I have been gone for most of the interim on vacation, I assume that your deliberations are rapidly approaching some consensus opinion, but would like to offer my own observations nevertheless.

To begin with, I think the name of the virus must take into consideration the clear fact that the first isolation was performed and reported by the French. In addition, there is a growing realization that is now widespread that the AIDS virus is at best distantly related to a HTLV-I and II while much more closely related to members of the lentivirus family. For both of the above considerations, I clearly do not favor retaining the name HTLV-III for the AIDS virus. I am not personally concerned about including the "AIDS" in the name of the virus because I think that our experience has taught us that avoiding the term "AIDS" because of the stigma attached to the disease by the general public is only interpreted as a confirmation by us that AIDS is a fearful disease deserving statementization. Clearly, this should not be the message in anything we do. Rather, I think in the long run, we will gain by including the term "AIDS" in the name of the virus.

Beyond these observations, I don't think I have any novel suggestions for the virus name except that AIDS-associated retrovirus (AARV) might satisfy some of the above considerations.

Best wishes in your task. I assume whatever you do you won't gain friends by this procedure.

Sincerely,

Paul Volberding, M.D.
Director, AIDS Activities
San Francisco General Hospital

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